

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/744645**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		2					52						
4		2					53						
5		2					54						
6		2					55						
7		2					56						
8		2					57						
9		2					58						
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41		2					90						
42		2					91						
43		2					92						
44		2					93						
45		2					94						
46		2					95						
47		2					96						
48		2					97						
49		2					98						
50		2					99						
TOTAL IND.	1						100						
TOTAL DEP.	33						TOTAL IND.						
TOTAL CLAIMS	34						TOTAL DEP.						
							TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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